

**D AUG 26 1943**  
Registration District No. 240

Primary Registration District No. 5827

Registrar's No. 81

1. PLACE OF DEATH:

(a) County Franklin  
(b) City or town Rural, Lewis Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME MICHAL ANDRE WILSON

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race Color 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mercedes Wilson of husband or wife if alive years \_\_\_\_\_

7. Birth date of deceased March 30 1943  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months 5 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace MO (City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business  
12. Name Robert Wilson  
13. Birthplace Ark (City, town or county) (State or foreign country)  
14. Maiden name Mercedes Thomas  
15. Birthplace Ark (City, town, or county) (State or foreign country)

16. (a) Informant George Thomas

(b) Address Catron MO

17. (a) (Burial, cremation, or removal) \_\_\_\_\_ (b) Date thereof July 11 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Catron MO

18. (a) Signature of funeral director L. M. Hill

(b) Address Lilbourn MO

19. (a) 8-1-43 (b) M. D. J. L. Farrell  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Franklin  
(c) City or town Catron 7160  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? USA 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 4 year 43 hour 3 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;

that I last saw him alive on did not see him and that death occurred on the date and hour stated above.

Immediate cause of death Wound by Defendant

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) JMC

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature G N Wilson M. D. \_\_\_\_\_

Address Lilbourn Date signed 7-12-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

202

1.2.10

RECEIVED

District Health Office No. 2,

District File Number 243-1104

Date Filed 8-24-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed [Signature]

Licensed Embalmer No. 2627

P. O. Address Lebanon Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.